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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR AUTHORIZATION TO PURCHASE TAMPER-RESISTANT PRESCRIPTION FORMS AS AN INSTITUTIONAL PROVIDER

INSTRUCTIONS

Institutions Required to Receive Authorization to Purchase

Only the following persons and institutions are authorized to purchase tamper-resistant prescription forms in Delaware:

- Healthcare practitioners who hold an active Delaware professional license with prescriptive authority (e.g., physicians, dentists)
- Institutions that the Division of Professional Regulation (DPR) has registered to purchase prescription forms on behalf of their licensed practitioners with prescriptive authority (e.g., hospitals)

Institutions are required to register as authorized purchasers for security reasons. DPR will issue Security Codes to all authorized purchasers, and purchasers must enter the Security Code on their prescription form orders. Before filling an order, registered prescription form vendors will verify that the person or institution placing the order is authorized to purchase prescription forms. Practitioners with prescriptive authority, such as physicians, will automatically receive Security Codes because they already hold professional licenses. However, institutions that do not hold professional licenses must register with DPR in order to receive their Security Code.

Designating Contact Person

All correspondence from DPR will be directed to one contact person designated by the institution to act on its behalf in regard to prescription form orders. Since the correspondence will include the institution's Security Code, the designated person should generally be the individual responsible for ordering prescription forms on the institution's behalf or an individual who supervises other persons who place such orders. It is important for institutions to take all appropriate measures to assure that its Security Code is disclosed only to the person(s) designated to order prescription forms on behalf of the institution.

Registering with DPR

To register, submit a completed, signed and notarized *Application for Authorization to Purchase Tamper-Resistant Prescription Forms as an Institutional Provider* to DPR at the address above. The designated contact person or other official of the institution must sign the application.

1. Institution Name: _____

2. **Mailing Address:** _____

City

State

Zip

3. **Physical Location of Institution** (if different than above): _____

Street (no PO Box)

City

State

Zip

4. Enter the name of the contact person designated to order, or supervise the ordering of, prescription forms on behalf of the institution named above: _____

5. Contact Person Phone: _____ Contact Person Email: _____

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for registration on behalf of the business indicated above, that he/she has read and reviewed the information provided with this application, and that he/she has read the Rules and Regulations governing tamper-resistant prescription forms in Delaware and will fully comply with the rules. He/she further affirms that the information and statements contained in this application are true and correct and that he/she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be registered is grounds for denial or termination of registration.

Signature of Contact Person or Official: _____ **Date:** _____

Printed Name: _____ Title: _____

State of _____ County of _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____